

CAP MR/DD Service Definitions

Title: Behavioral Consultant (NEW)

Service Definition:

This service provides consultation, support and training in procedures and techniques that are designed to decrease problem behaviors while increasing positive alternative behaviors. This service is intended to assist participants in acquiring and maintaining the skills necessary for the capacity to live independently in their communities and avoid institutional placement. Under this definition behavioral consultants will provide support, training and consultation to staff and/or family members or primary caregivers who support participants with serious though not potentially life threatening behavior that may be complicated by medical or other factors. Behavior problems may include severely disruptive behaviors or behaviors that may result in injury to self or others. Consultation shall include designing a behavior intervention program and training staff, family members or primary caregivers on how to implement the plan. Consultation shall also include monitoring of the formal behavior intervention program.

Service Limitation:

A behavior support plan or recommendations that address the remediation of maladaptive behaviors must be signed and monitored by a licensed psychological associate or a licensed psychologist with experience and expertise in developmental disabilities and applied behavior analysis. If behavioral consultation services are provided by a licensed psychological associate, it must be under the direct supervision of a licensed psychologist who also has experience and expertise in developmental disabilities and applied behavior analysis.

Staff Qualifications:

Behavior Consultant I

Individuals providing Behavior Consultation Level 1 must meet the following staffing requirements:

- Meet the requirements of a qualified professional at the bachelor level in 10A NCAC 27G .0100-.0200 AND,
- Completed a training course in behavior management with successful completion of a learning assessment at the conclusion of the course.

Behavior Consultant II

Individuals providing Behavior Consultation Level II must meet the following staffing requirements:

- Meet the requirements of a licensed psychologist or licensed psychological associate,
- Completed a training course in behavior management with successful completion of a learning assessment at the conclusion of the course.
- Have at least two years experience working with persons who have developmental disabilities.

Behavior Consultant III:

Because of the complexity of the behaviors addressed under this definition as well as the complexity of the behavior assessment and plan design related to this service, individuals providing Behavior Consultation Level III must meet the following staffing requirements:

- Meet the requirements of a Ph.D. licensed psychologist
- Completed a training course in behavior management with successful completion of a learning assessment at the conclusion of the course

- Have at least two years of experience working with persons who have developmental disabilities who exhibit severe and complex behavior problems that pose a serious danger to the participant or others

Location/Service Limitation:

It is expected that the services of a Behavior Consultant 1 be used prior to the services of a Behavior Consultant 2, and the services of a Behavior Consultant 2 be used prior to the services of a Behavior Consultant 3. Services provided by a Behavioral Consultant 1 and 2 are to be provided in the participant's residence or other naturally occurring environment in the community. A Behavior Consultant 3 service may be provided in office. The services of a Behavior Consultant 1, Behavior Consultant 2 OR Behavior Consultant 3 is limited to 100 hours per waiver year. The services of a Behavior Consultant 1, Behavior Consultant 2 and Behavior Consultant 3 in combination is limited to 200 hours per waiver year.

Documentation:

Behavioral Consultative Services is documented by a service note. The service note shall include, but not be limited to, the following:

- full date the service provided (month/day/year);
- duration of service for periodic and day/night services;
- purpose of the contact as it relates to a goal in the service plan;
- description of the intervention/activity;
- assessment of consumer's progress toward goals;
- for professionals, signature and credentials, degree, or licensure of the clinician who provided the service;
- and, for paraprofessionals, signature and position of the individual who provided the service

A service note that reflects the elements noted above shall be documented at least daily per service by the individual who provided the service.

Provider Qualifications:

Behavioral Consultative Services must be delivered by practitioners employed by mental health, developmental disabilities or substance abuse provider organizations that:

- Meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA);
- Meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS); and
- Fulfill the requirements of 10A NCAC 27G

These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by the Local Management Entity (LME). Additionally, within two years of waiver implementation or enrollment as a provider, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. The organization must be established as a legally constituted entity capable of meeting all of the requirements of the Provider Endorsement, Medicaid Enrollment Agreement, Medicaid Bulletins, and service implementation standards. This includes national accreditation within the prescribed timeframe.

The provider organization is identified in the Person Centered Plan. For Medicaid services, the organization is responsible for obtaining authorization from Medicaid's approved vendor for medically necessary services identified in the Person Centered Plan. For State-funded services, the organization is responsible for obtaining authorization from the Local Management Entity. The provider organization must comply with all applicable federal, state, and DHHS requirements. This includes, but is not limited to, DHHS Statutes, Rule, Policy, Implementation Updates, Medicaid Bulletins, and other published instruction.